

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>		2 105900 766	12/13/02 01-24-02 04-08-02
<b>RESPONSE FORMALITY REVIEW</b>	H-S		

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	1/2/02
Original	1/2/02
1	
2	
3	
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41	
42	
43	
44	
45	
46	✓
47	
48	
49	
50	✓

Claim	Date
Final	1/2/02
Original	1/2/02
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	✓
68	0
69	
70	
71	
72	
73	
74	
75	✓
76	✓
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	✓
90	0
91	✓
92	
93	
94	
95	
96	
97	
98	
99	
100	N

Claim	Date
Final	1/2/02
Original	1/2/02
101	✓
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	✓
113	0
114	
115	
116	
117	
118	
119	
120	✓
121	✓
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	✓
135	0
136	✓
137	✓
138	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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2658  
1/24/02  
2004-01-24-02